

ORTHO ASSUMPTIONS

Wounds Involving Orthopedic Involvement:

1. In the event of no availability of sterile irrigation solution:
 - a. Chlorinated water (1 part Bleach & 9 parts water) can work very well for irrigation in a field setting. The most important aspect of irrigation is the removal of particulate.
 - b. Irrigation of wounds with Castile soap and Zephiran Chloride is acceptable and found to be advantageous in ridding the wound of bacteria.
2. Wound irrigation can be just as successful with an asepto syringe as with the disposable "pulse irrigator" and would take less weight and cube.
3. Wound irrigation requirements are programmed for 3000cc's.
4. A minimum of 75% of all open wounds, with or without joint involvement, need to be treated with antibiotic beads. Pre-made antibiotic beads are not allowed by the FDA at this time, so will be made by the physician by using bone cement mixed with either a powder form of Vancomycin and /or Tobramycin.
5. Wounds will be left open as a general rule unless:
 - a. Orthopedic wounds exposed to Radiation will be closed prior to departing theater with a drain in place – prefer to be done at Level 2, but no later than Level 3.
 - b. Nerve agent exposure will require wound irrigation with Dakin's Solution (Bleach & water).
 - c. Lacerations considered to be "clean" may be sutured (those derived from routine work situations, etc.)

Fracture Stabilization:

1. Pelvic girdles will be stabilized with sheets or a COT pelvic stabilizer device wrapped around the area. MAST trousers will not used.
2. Continue to utilize the 1-bar Howmedica External Fixator - 6515-01-463-1464
FIXATION EXTERNAL ORTHOPEDIC STER HOFFMAN II STYLE

Arthroscopies:

No arthroscopies will be done in theater Level 2 & 3 due to history of poor Return to Duty (RTD) results. The Level 3 Level 3 Arthroscope Tray will be "Archived" at this time.